



St. Paul Lutheran Church & School
Roseburg, Oregon

St. Paul Lutheran Church & School
750 West Keady Court
Roseburg, OR 97471
(541) 673 - 7212

Pre-Kindergarten Enrollment Form – 2026-2027

Child Name: Last _____ First _____ MI M/F _____ Date of Birth _____ Place of Birth _____ Grade _____
Student _____, _____, _____, _____, _____

Please circle choice below

AM Pre-Kindergarten Classes

Kindergarten Readiness

2 Day - 1/2 Day AM 8:30-12:30
Tues/Thurs

3 Day - 1/2 Day AM 8:30-12:30
Mon/Wed/Fri

5 Day - 1/2 Day AM 8:30-12:30
Mon - Fri

PARENT / GUARDIAN / PRIMARY CAREGIVER INFORMATION

Father's Name Phone # Home Address (Street/City/State/Zip)

(First)	(Home #)	(Home)	
(Last)	(Cell #)	E-mail:	Church Affiliation:
Resides with child?	Marital Status:	Family Members living in home:	
Work Hours:	Work Phone:	Employer Name & Address:	

Mother's Name Phone # Home Address (Street/City/State/Zip)

(First)	(Home #)	(Home)	
(Last)	(Cell #)	E-mail:	Church Affiliation:
Resides with child?	Marital Status:	Family Members living in home:	
Work Hours:	Work Phone:	Employer Name & Address:	

Emergency Contact and Release Information - Update all changes/additions with the office.

For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pickup.

Last Name	First Name	Cell/Home Phone - Relationship to Child	Please Check Emergency Only / Pickup / Both	
		-	/	/
		-	/	/
		-	/	/

List any **allergies**, medications, health problems, handicaps or disabilities:

Student _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

ADMINISTRATION OF MEDICATIONS

- Prescription medications/non-prescription medications must be current. Each medication requires a separate permission slip.

****I understand that my child must be escorted to their classroom by an adult, and may not be dropped off outside the school facilities.** Initial Here: _____

PERMISSIONS:

In the event there is an emergency and the parent(s) and other emergency persons listed on this form cannot be contacted, St. Paul Lutheran Church and School reserves the right to contact local emergency services.

- In an emergency, St. Paul Lutheran Church and School staff has my permission to call an ambulance or take my child to an available treatment center and obtain medical treatment for my child at my expense.
- Initial Here: Yes _____

- I give permission to have my address, e-mail, and telephone numbers shared with other St Paul families.Yes No
- Initial Here: _____

I have received a copy of, and have read and agree to, all policies within the Student Handbook. (The Student Handbook also is available online.)Yes No

- Initial Here: _____

- I agree to enroll/register with the "Remind App" through the Pre-Kindergarten classrooms, in order to receive emergency and important school wide information.

- Initial Here: _____

- I agree to provide my child/children a lunch each day that he/she attends St. Paul. I will incur a \$5.00 fee if St. Paul provides a lunch to my child/children.
- Initial Here: _____

Completion of this agreement is required for enrollment.

TUITION RESPONSIBILITY

- Total Pre-Kindergarten tuition costs, lunch costs, and all fees are my responsibility. Fees are non-refundable. Students may be withdrawn during a term. Prepaid tuition will be refunded to the extent it exceeds a period two weeks after notice of withdrawal. Monthly installments are due the 1st of each month starting August 1st, and may be subject to a \$25 late charge for installments received after the 15th of the month.
- Tuition accounts that are past due by 45 days will receive a \$40 late fee, and make the student ineligible for our services. Although we make every effort to work with parents in special circumstances, collection agencies may be used to collect unpaid tuition and fees. If a collection agency is used, I will be responsible for any costs incurred in the course of collection.

Parent Signature _____ Date _____

If Late enrollment - Date child will begin school _____

- How did you hear about our school? _____



**PRE-KINDERGARTEN
FAMILY FINANCIAL AGREEMENT FORM
2026-2027**

This form must be completed and signed by the person responsible for paying the tuition and fees incurred on behalf of the student listed below.

Bill Payer's Name: _____
 Street Address/ Mailing if Different: _____

 City, State, Zip: _____
 Social Security Number: _____
 Telephone Numbers: Home: _____
 Cell: _____
 Email Address: _____

Please read and initial the following items:

1. I understand that the monthly installment is due the 1st of each month **starting August 1st**, and may be subject to a \$25 late charge for installments received after the 15th of the month. Any late fees assessed are due with the following month's tuition installment. _____
2. I agree to pay a \$35.00 service fee for any returned checks issued to St. Paul Lutheran Church and School. _____
3. I understand that the monthly installment is not a monthly tuition payment, but rather a monthly installment plan based on an *annual* tuition amount, and that no discounts or credits will be given for absence, illness, vacation, or school closure due to weather or emergency situations. _____
4. I understand that I must notify St. Paul **in writing** two weeks prior to withdrawal. I will receive a refund of any prepaid tuition left over after the two-week period. _____
5. I understand that the registration fee is due at the time of enrollment, and the curriculum fees are due by August 1st, 2025. These are non-refundable fees. _____
6. Tuition accounts that are past due by 45 days will receive a \$40 late fee, and make the student ineligible for our services. _____

This agreement is for the 2026-2027 School Year. I choose the following payment option:

1. Pre-Payment in full by August 1. (3% discount off Pre-Kindergarten) _____
2. 10-month installment plan (starting August 1st and ending May 1st) _____

Student's Name: _____

Bill Payer's Signature: _____ Date: _____

For Office Use

Effective Date of Enrollment: _____ Effective Date of Withdrawal: _____

St. Paul Lutheran Church and School Registration Policy

St. Paul Lutheran Church and School will enroll students into school at any time of the school year using one of the two procedures listed below.

- All students must have an immunization record, signed by their legal guardian, on file with the office prior to entering school.
- Tuition accounts that are past due by 45 days will receive a \$40 late fee, and make the student ineligible for our services.

ELECTRONIC PAYMENTS:

- If parents choose to utilize electronic payments online, they will be responsible for any fees and charges.

EARLY REGISTRATION:

- The registration fee and registration form are due at the time of registration.
- Applicable curriculum fees are due no later than August 1st.
- The 10 monthly tuition installments are due on the 1st of the month and late after the 15th of the month.

***STUDENTS ENTERING SCHOOL MID-YEAR:**

- Students entering after the school year begins will pay the registration fee at the time of registration.
- All newly enrolled families are required to meet with the Director.
- Applicable curriculum fees are due no later than the first day of school.
- *Our accounts receivable clerk will create a pro-rated enrollment worksheet for families that begin mid-year. This worksheet will reflect the actual fees and installment amounts due for the remainder of the year.